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26 May 1956

MEMORANDUM FOR: Chief, Medical Staff

VIA : Deputy Director (Support)

SUBJECT : Improving the Agency Psychiatric Program

1. This memo to suggest improvements in the Psychiatric Evaluation Program is based on an intra-IG staff discussion of 16 March, at which were exchanged IG staff officers' experiences and views after three years of dealing with Agency employees who have registered complaints based on various aspects of the program and its effect on their utilization; this seminar was followed by an informal luncheon discussion between the IG and the Chief, Medical Staff, on 13 April. The following conclusions have been reached and represent what I believe should be done:

a. To date, it has been very difficult to establish successfully a claim for compensation based on mental illness arising out of conditions of Agency employment. A substantial aspect of this program involves educating the Bureau of Employees' Compensation. The Medical Staff could be more vigorous in representing employees' interests with the BEC in cases involving mental illnesses which are a result of the unusual stresses and tensions inherent in the conduct of Agency operations. The Medical Office may not have done this possibly because of personnel limitations or heavy work load or perhaps because of a belief that emotional disturbances are more likely to be caused by something in an individual's background than by work conditions. My philosophy is that if an employee is accepted by the Agency as physically and mentally (emotionally) fit, then the Agency should assist if an illness occurs that appears to be related to Agency work unless bad habits, etc., can be proven.

b. In the case of serious mental illness, the Agency has in many cases been derelict in its responsibility to the employees involved by its failure to follow the case through and to provide continuing guidance, assistance and financial support to the employee involved.

c. Of special significance to over-all employee morale are the problems now existing with respect to the Agency's handling of borderline (Category II) psychiatric cases. These borderline cases, which have been the source of increasing concern to the

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Medical Staff, the Office of Personnel and the IG Staff, arise from the evaluation of either applicants or overseas designees. The principal area of concern in both of these groups involves the counseling of the employee as to the reasons for and significance of his rejection or classification. A serious gap exists because the employee is often subjected to a series of conflicting statements and evasive answers which not only seriously affect his mental state but in the case of "departmental holds" will inevitably receive unfavorable speculation by Agency employees with a resulting adverse effect on morale.

d. Psychiatric screening, selection and evaluation is not extended to all Agency personnel but only to initial applicants or employees designated for overseas assignment. Since the program has established its validity as one criterion for Agency employment, it should now be extended to all Agency personnel.

e. The "Disposition Board" created informally in January 1954 is not adequately representative of Agency interests in that it does not provide for continuing representation from DD/I and DD/P elements.

2. Actions to correct the deficiencies listed above do not involve any sweeping changes in the Agency's psychiatric evaluation program and can be implemented with a minimum of dislocation of the activities of the Medical Staff. They should, however, be initiated at an early date. These specific actions are enumerated as follows:

a. The Office of Personnel (Insurance and Casualty Division) and the Medical Staff should work much more closely in the matter of claims presented to the Bureau of Employees' Compensation. They have a dual responsibility to the Agency and its employees to insure that employees' claims are vigorously prosecuted and the employees kept apprised of their status.

b. The Psychiatric Division of the Medical Staff should utilize its referral contacts with cleared private psychiatrists by guiding individuals to adequate private therapy in those cases where therapy is indicated. The Agency should make liberal financial arrangements with employees unable to meet the costs of such therapy.

c. The Office of Personnel, in consultation with the Medical Staff should secure the services of an individual trained in interpreting and transmitting the results of psychiatric evaluation, whose sole responsibility would be to supplement the work of the Psychiatric Division and the Medical Staff in performing

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an employee counseling service. This case worker should be sufficiently informed about psychiatric techniques to be acceptable to the Psychiatric Division and should be sufficiently informed of Agency administrative and operational routines to work adequately with support and operational units in handling individual cases.

d. The philosophy, concept and reasons behind the Agency's psychiatric evaluation program should be defined and published under the DCI's signature in a notice in the [redacted] for distribution to all Agency employees. This notice should indicate that psychiatric screening and evaluation will be extended to all Agency personnel not previously covered as soon as practicable. The tenor of this notice should establish the validity of the program in terms of recognizing the unusual pressures and tension inherent in Agency employment. As a supplement to this Agency notice, the Medical Staff should participate in Agency orientation and training programs and should explain in detail the purpose and methods of the psychiatric program. 25X1A

e. The "Disposition Board", created informally in January 1954 and consisting of officials from the Medical Staff, the General Counsel and the Offices of Personnel and Security, should be formally constituted by the DCI as a permanent Employee Review Board pursuant 25X1A [redacted], and should have as full members a representative of the DD/I and the DD/P.

3. The problems arising in the Agency's psychiatric evaluation program have increased materially in the past six months and this increase roughly coincides with the implementation of Phase II of the program by the Psychiatric Division of the Medical Staff. If the action recommended above is not promptly and vigorously initiated, the Agency's progress in this essential aspect of its operations will be more than offset by adverse employee speculation and deterioration of morale.

/s/
Lyman B. Kirkpatrick
Inspector General